COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT

"A Tradition of Service"

OFFICE CORRESPONDENCE

DATE:

August 31, 2016

S. FRASER, COMMANDER FROM:

TO: MYRON R. JOHNSON, CAPTAIN

MAJOR CRIMES BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number:

SH2358213

Incident:

Hit Shooting

Incident Date:

June 25, 2014

Unit:

Major Crimes Bureau

Suspect(s):

Jaimez, James MH/111984

Involved Employees:

Deputy Jose Arellano # Deputy Arturo Barrera # Deputy Michael Carpenter # Deputy Deputy Deputy Deputy Deputy Ruth Shen # Sergeant Lieutenant Donnie Johnson #

EFRC Date:

August 25, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, John S. Benedict, and Ralph J. Webb met and reviewed the above case.

FINDINGS:

The EFRC determined the use of force and tactics were within Department policy.

RECOMMENDATIONS:

The EFRC made no recommendations.

KSF:TLB:tlb

Los A Jeles County Sheriff's Depanent Officer Involved Shooting

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				party per allowances / An with						
Report Date: 06/25/20	014	Bureau/Statio		ajor Crimes Bu	reau		Admin, Inves	st.? ✓	Hit?	1
A SECULATION				Incident Inform	ation	destributed in	elkarienicka. Mo	ernsinder:		14.25 May 2017 C.
URN: 0	14-0004	4-3199-011		Date:	06/25	A STATE OF THE STA	Time:		705 had	
City or Station:				Nature of Incident:	00/23	72014	,,,,,,		705 hrs	3
ony or outdoor.	Appl	e Valley, Ca			Rureau	attempted	to arrest a kn	District many	rdos	
Location: Bear Valley Road	at Centr	al Avenue		suspect. Sus the suspect.	pect fire	d at deputie	es. Deputies	returne	i fire, si	triking
Location Type (check one or more): Backyard Beach Business Freeway Industrial Park Parking Lot Residence Rural School Street Other:	We SIOO Ois B	Darkness Daylight Other Street Lights ather (circle only or Clear Cloudy Fog Rain tance: twn 0 inches to	167 ft	Incident Type (che Accidental Armed Person Fleeling Suspect Foot Pursuit Gun Talee Away Moving Vehicle Sniper/Ambush Startie Struggle Involve Traffic Stop Unammed Person Unintentional Vehicle Pursuit Warrant Service Warrant Service	et F	nore);	Initiated by (chec	Init Init Init Init Init Init	•):	
98		6		Other:			Aero Unit? ✓	Ce	nine Unk?	
Salara Salara		and the second address of		Employee Witne	* - 2033	Same and the			3	age og 1
Employee #	Last Name	Charles and the Art		Name	M.I.		k only one): ShiftT			
							A Day Reg			Off Duty
Employee #	Last Name		First	Name	M.E.	ShiftTime (chec	k only one): ShiftTy	/pe (check :		Off Duty
Employee #	Last Name Ki	nounthavong	First	Name John	M.I.	ShiftTime (chec	k only one): ShiftTy	/ps (check ular	only one): ertime	Off Duty
	94 - F		No.	n-Employee Wit	nesses		gional Charles of 1975. I	The property of		
Last Name			**		First I	Name			M.I.	de relação de la composição de la compos
Street Address			City		Zip C	ode W	ork Ph	Home	DK.	
Last Name					First 1	Name			M.I.	_
Street Address			City		Zip G	100	ork Ph	Home	Ph.	
Last Name			Ony		First I		OIK 1.11	110	M.I.	
Street Address			City		Zip C		ork Ph	Home	Die	<u> </u>
VA SOL FILE			Uny		Zip.	440	vin F.U			
· A STATE OF THE S	to the second	14. c		Supervisors	S - 71			- 19 X S. C.		
Employee # Last N	lame		First Na	me 🛆	M.L.		uring shooting	-	ss to sho ed in sho	-
Employee # Last N		nson	First Na	Donnie	M.1.	(check one or ✓ On Duty ✓ Present d	more): uring shooting		ss to sho ed in sho	
		with all with the		Watch Sergea	int					
Employee #	Last Name		- (irst Nam o	C		M.I.	
		W. The Mark		Watch Commar	nder 🗀 🥴		1954 (1954)			}\$\$\$±.
Employee #	Last Name	J	ohnson		F	irst Name	Donnie		M.I.	

	PSTD Use Only	
SH#		

014-00044-3199-011

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			SOCIETA DE LA CONTRACTION DE L	Charles of	Rollout Informatio	n i			si dibisi	
Arrival Da	06/2	5/2014	Arrival Time	1938	Date Submitted		Date of Recommendation	38, 200		א
Employe	e #	Last Name		Мо	rris	First Nam	Patrick	****	M.J.	E
Employee	I Company	Last Name		Carri	zosa	First Name	Slade		M.I.	M
Employee	9 #	Last Name		Car	ter	First Name	Quitman		M.J.	V
				Shoo	ting / Force Infor	mation				7. A. S.
(BC) B (BI) B	d Arwen Baton:(Control) Baton:(Impact) Bodily Fluids		(OV) (OB) (OO)	Other Weap	on: Blunt Object	(AB) (BR) (BU)	Abrasion Bruise Burn	Body (AD) (AK) (AR)	Part II Abdom Ankle Arm	-

(BI)	Baton:(Impact)	(00)	Other Weapon: Other	
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (IGck)	
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)	
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)	
(CH)	Choke Hold	(PP)	Personal Weapon (Push)	
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)	
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance	
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)	
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)	
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device: Hobble (Legs Only)	
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device: Hobble (TARP)	
(EX)	Explosives	(RE)	Restraint Device: REACT Belt	
(FH)	Firearm (Handguri)	(SP)	Sap	
(FR)	Fiream (Riffe)	(SH)	Shield	
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger	
(FO)	Firearm (Other)	(SB)	Sting Ball	
(FB)	Flashbang	(ST)	Stun Bag	
(FL)	Flashlight	(TR)	Taser	
(OE)	Other Weapon: Edged	(UC)	Uncooperative	
0				-

T	pe of In	jury	Body	Part Injured
I (AE	3) Abras	ion	1 (AD)	Abdomen
(BF	R) Bruise	3	(AK)	Ankle
(BL	J) Burn		(AR)	Arm
(CF	Comp	laint of Pain	(BK)	Back
(CC	D) Conci	ussion	(BT)	Buttocks
(DI	i) Death		(CH)	Chest
(DI) Disloc	ation	(EL)	Elbow
(DE	3) Dog 8	ite	(FA)	Face
(FF	() Fractu	ires	(FE)	Feat
(G5	S) Gunsl	not	(FI)	Fingers
(HE	3) Huma	n Bite	(GE)	Genitals
{LC) Lacer	utions	(GR)	Groin
(NE) Nerve	Damage	(HD)	Hand
(0)	Organ	Damage	(HE)	Head
(PA			(HI)	Hip
(PV	V) Punct	ure Wound	(IN)	Internal
(SC		isaue Damage	(KN)	Knees
(ST		/Twists	(LE)	Leg
(UN		sclous	(NK) (SH)	Neck Shoulder
(RA	A) Refus	ed Med Treatment	(WR)	Wrist
(NN	NONE			
Cal	liber		1	
(9)	9 mm	(24) .243 ca	diber (4	1) .410 guage
10)	10 mm	(25) .25 cal	iber (4	4) .44 caliber
12)	12 guage	(30) .308 ca		5) .45 caliber
20)	20 guage	(35) .357 cs		50 mm
943	22-250	(94) 90.40	calibar (S	1) Slue

30-60 caliber

38 caliber

.40 caliber

(36)

(38) (40)

(SL)

(WW)

Other caliber

Slug

20 guage .22-250

.22 caliber

.223 caliber

12)

20) 21)

Brand Iver Johnson Russ. (AK) AK-47 (JE) Jennings (SW) Smith & Wessen (BN) Benelli (LO) Lordin (SR) Sturm Ruger (BR) Beretta (LU) Luger (SS) SIG Sauer (BW) Browning (MA) Marlin (ST) Sterling (CH) (CO) (DA) (GL) (HA) (TA) (WE) Charter Arma (MO) Mossberg Taurus (NC) (NA) Colt NCI aka SKS Weatherby Davis Industries North American (WN) Winchester Glock (NO) Norince (US) **US Government** Harrington & Richardson Hi Standard (RA) Raven (YY) Handmade (inmate) (HI) (RM) (RG) (RI) Remington (XX) (ZZ) Homemade (Non-Inmate) (HK) H&K RG RGI Other Brand (IT) Ithica

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Pari (Code)
S-1	E-1	FH	BR	9				
E-1	S-1	FH	BR	9	Y	Υ	GS	AD
E-4	S-1	FH	BR	9	Y	Y		
E-6	S-1	FH	SW	9	Y	Y		
E-8	S-1	FR	CO	23	Y	Y	GS	
S-1	E-9	FH	BR	9				
E-9	S-1	FH	BR	9	Y	Y	G\$	LE
S-1	W-1	FH	BR	9			AB	NK
E-5	S-1	FH	BR	9	Y	Y		
E-6	S-1	FR	HK	9	Y	Y		
S-1	E-2	FR	BR	9				
E-7	S-1	FR	SW	9	Y	Y		
E-10	S-1	FR	BR	9	Y	Y		
E-2	S-1	FR	BR	9	Υ	Υ		

Officer Involved Shooting Involved Employee Information

URN: 014-00044-3199-011

3 of Page Involved Employee Last Name Employee First Name M.L E 1 Johnson Donnie R Sex: M Unit Assignment: Major Crimes Bureau Race: Rank Work Assignment (Unit #, Module, etc.): Lieutenant D4FL ShiftTime (circle only one) ShiftType (circle only one) Substance Used: Intoxication/Drug Usage? ■ EM ■ PM ☑ Day Regular Overtime Off Duty Hospital Name: Coroner Case # Hospital Admission? Coroner Case? Interviewed? Hrs of sleep prior to shooting: Duty Time (hrs) Clothing (circle only one) Other Factors: Plain Clothes no Vest Reid Jacket w/ Vest Height Age: Plain Clothes w/ Vest Uniform no Vest Weight: 5-9 180 Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: **PPC Qualification Date** Laser Training Date: Certified with Weapon Number of Prior Patrol Certification? Certification Unit: Directed Force: Prior Shootings? Used? Shootings: # Shots Weapons Fired Caliber Callber # Shots Weapons Fired 9_{mm} 10 Beretta Brand: Field Training Officer Emp # est Name M.I. First Name Field Training Officer Emp # First Name ust Name M.J. Employee # Last Name First Name M.I. E 2 Rank: Work Assignment (Unit #, Sergeant Major Crimes Bureau ShiftTime (circle only one) Shift Type (circle only up Substance Used: Intoxication/Drug Usage? PM Regular Overtime Coroner Case # Hospital Name Interviewed? Coroner Case? Hospital Admission? Hrs of sleep prior to shooting: Duty Time (hrs) Other Factors: Clothing (circle only one) 6-7 Plain Clothes no Vest Raid Jacket w/ Vest Plain Clothes w/ Vest Age: Weight Uniform no Vest Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PPC Qualification Date Laser Training Date: Certified with Weapor Number of Prior Directed Force: Patrol Certification? Certification Unit: Prior Shootings Used? Shootings Weapons Fired Çaliber Caliber # Shota # Shots Weapons Fired 9mm 18 Beretta Brand: Brand: Field Training Officer Emp# ast Name First Name M.L Field Training Officer Emp# First Name Last Name M.I. Last Name First Name M.I. Employee # E 3 Unit Assignment Work Assignment (Unit # Race: Major Crimes Bureau Deputy ftTime (circle only one): ShiftType (circle only one) Substance Used: Intoxication/Drug Usage? PM Regular Overtime Day Hospital Name: Coroner Case # Interviewed? Hospital Admission? Coroner Case? Hrs of sleep prior to shooting: Duty Tin Other Factors: Clothing (circle only one) Plain Clothee no Vest Raid Jacket w/ Vest Uniform no Vest Weight: 1 Plain Clothes w/ Vest Raid Jacket no Vest Uniform w/ Vest PPC Qualification Date Range Qualification Date: Laser Training Date: Certified with Weapor Number of Prior Prior Shootings Directed Force: Patrol Certification? Certification Unit Used? Shootings: Weapons Fired Weapons Fired # Shots # Shots Caliber H&K MP 5 5 9_{mm} Brand: M.I. Field Training Officer Emp # ast Name First Name Field Training Officer Emp ast Name First Name M.L

Officer Involved Shooting Involved Employee Information

URN: 014-00044-3199-011

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		Sensetima (d. 3 diga ve april pove del 1. Majorità (del 1.2)	Involve	d Employee	ome programation	and the second control of the second	
E 4	Employee #	Last Name	Barrera		First Name	Arturo	M.I,
	Sex: M Race: H	Rank: Deputy	Unit Assignm Major C	ent rimes Bureau	Work Assignment (Unit	#, Module, etc.): D4H2	
	ShiftTime (circle only one):	ShiftType (circle only one): Regular Overtime	Off Duty Intoxication/I	Orug Usage?	Substance Used:		
	Hospital Admission?	Hospital Name:	Coroner Cas	ie? 🗍	Coroner Case #		Interviewed?
	Hrs of sleep prior to shooting	p: Duty Time (bre)	Clothing (circle only one		Other Factors:		
	Age: Height:	5-7 Weight: 210	Plain Clothes no Vest Plain Clothes w/ Vest Raid Jackel no Vest	Raid Jacket w/ Vest Uniform no Vest Uniform w/ Vest			
	Range Qualification Date:		PPC Qualification Date	12-	Leser Training	Date:	
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shoo	tings? Number of Shootings		cted Force:
	Weapons Fired Brand: Ber	retta Caliber 9	# Shots 3	Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp #	Last Name	٠	-	First Name		M,I.
	Field Training Officer Emp #	Last Name			First Name		M,I.
5	Employee #	Last Name	Shen		First Name	Ruth	M.I.
_	Sex: F Race: O	Rank: Deputy	Unit Assignme Major C	rimes Bureau	Work Assignment (Unit	#, Module, etc.): D4G5	
	ShiftTime (circle only one):	ShiftType (circle only one): Regular Overtime	Interior discoling (C		Substance Used:	400	
	Hospital Admission?	Hospital Name:	Coroner Cas	e? 🗍	Coroner Case #		Interviewed?
	Hrs of steep prior to shooting	: Duty Time (hrs):	Clothing (circle only one): Raid Jacket w/ Vest	Other Factors: Retired		
	Age: Height	5-3 Weight: 135	Raid Jacket no Vest	Uniform no Vest	Itemed		
	Range Qualification Date:		PPC Qualification Date	¢.	Laser Training	Date:	
	Certified with Weapor Used?	Patrol Certification?	Certification Unit:	Prior Sho	otings? Number of Shootings		rected Force:
	Weapons Fired Ber Brand: Ber	etta Caliber 9mr	n #Shots 4	Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp#	Last Name			First Name		M,I.
	Field Training Officer Emp#	Last Name			First Name		M.L.
E 6	Employee #	Last Name			First Name	or year over hands	M.I.
	Sex Race:	Rank: Deputy	Unit Assignme Major C	rimes Bureau	Work Assignment (Unit	#, Module etc.):	
	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Dvertime	Off Duty Intoxication/D	irug Usage?	Substance Used:		
	Hospital Admission?	Hospital Name:	Coroner Cas	e?	Coroner Case #	4.100	Interviewed?
	Hrs of sleep prior to shooting 6-8	Duty Time (hrs)	Clothing (circle only one) Plain Clothes no Vest	Raint Jacket of Vent	Other Factors:		<u> </u>
	Age: Height:	Weight:	Plain Clothes w/ Vest Raid Jacket no Vest	Uniform no Vest			
	Range Quatification Date:		PPC Qualification Date		Laser Training	Date:	***
	Certified with Weapor Used?	Patrol Certification?	Certification Unit:	Prior Sho	otings? Number of Shootings		ected Force:
	W/SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	M&P Caliber 9mr	n #Shots 18	Weapons Fired Brand:		Caliber	# Shots
	Field Training Officer Emp #	Last Name			First Name	(EEA)	M.I.
	Field Training Officer Emp #	Last Name			First Name		M.l.

Officer Involved Shooting Involved Employee Information

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	and the second second				Page 5 of 9
	And a late of the late of		Involved Employee		
E 7	Employee #	Last Name		First Name	M.I.
	Sex: Race:	Renk: Deputy	Unit Assignment: Major Crimes Bureau	Work Assignment (Unit #, Module, et	
	Shift Time (circle only one): M PM Day	ShiftType (circle only one) Regular Dvertime Off Duty	Intoxication/Drug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting 2 Age: Height:	Weight: Plain	(clincle only one): Clothes no Vest Raid Jacket w/ Vest Clothes w/ Vest Uniform no Vest	Other Factors:	
	Range Qualification Date:	10000	Jacket no Vest Uniform w/ Vest	Laser Training Date:	
	Certified with Weapon Used? Weapons Fired	4.0	ntion Unit: Prior Shoo	Number of Prior Shootings:	Directed Force:
	Brand: S/VV	M&P 9mm	5 Brand:		
	Field Training Officer Emp #	Last Name		First Name	M.I.
	Field Training Officer Emp #	Last Name		First Name	M.I.
E 8	Employee #	Last Name	Carpenter	First Name Michael	M.I.
	Sex: M Race: W	Rank: Deputy	Unit Assignment: Major Crimes Bureau	Work Assignment (Unit #, Module, etc D4F23	.);
	ShiftTime (circle only one): EM PM 7 Day	ShiftType (circle only one): Regular Overtime Off Duty	Intexication/Drug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name;	Coroner Case?	Coroner Case #	Interviewed?
	Hrs of sleep prior to shooting 5 Age: Height:	Weight: 250 Veight:	(circle only one): Clothes no Vest Raid Jacket w/ Vest. Clothes w/ Vest Uniform w/ Vest	Other Factors:	
	Range Qualification Date:	PPC Qu	slification Date:	Laser Training Date:	
	Certified with Wesport Used?	Patrol Certification?	Prior Sho	otings? Number of Prior Shootings: 1	Directed Force:
	Weapons Fired Colt Brand:	M4 Caliber .223 *S	18 Weapons Fired Brand:	Caliber	# Shots
	Field Training Officer Emp#	Last Name		First Name	M.I.
	Field Training Officer Emp #	Last Name		First Name	M.L
E 9	Employee #	Last Name		First Name	M.t.
	Sex: Race:	Rank: Deputy	Unit Assignment Major Crimes Bureau	Work Assignment (Unit #, Module, etc.	1.
	Shift ime (circle only one):	ShiftType (circle only one): Regular Dvertime Dff Duty	Introduction/Drug Usage?	Substance Used:	
	Hospital Admission?	Hospital Name:	Coroner Case?	Coronar Case #	Interviewed?
	Hrs of sleep prior to shooting 4		(circle only one): Cothes no Vest Raid Jacket w/ Vest	Other Factors:	•
	Age: Height:		Clothes w/ Vest Uniform no Vest acket no Vest Uniform w/ Vest		
	Range Qualification Date:	PPC Qu	alification Date:	Laser Training Date:	
	Certified with Weapon Used?		tion Unit: Prior Sho	Shootings:	Directed Force:
	Weapons Fired Ben		12 Weapons Fired Brand:	Caliber	# Shota
	Field Training Officer Emp #	Last Name		First Name	M.f.
	Field Training Officer Emp #	Last Name		First Name	M.L

Officer Involved Shooting Involved Employee Information

URN: 014-00044-3199-011

6 of 9 Page Involved Employee Employee # Last Name First Name M,I. E 10 Areliano Jose Sex: M Unit Assignment Major crimes Bureau Race: Rank: Work Assignment (Unit #, Module, etc.): Н Deputy D4G1 ShiftType (chrcle only one): ShiftTime (circle only one): Substance Used: Intoxication/Drug Usage? EM PM Day Regular Overtime Off Duty Hospital Name: Coroner Case # Hospital Admission? Coroner Case? Interviewed? Hrs of sleep prior to shooting: Duty Other Fectors Clothing (circle only one Unk Plain Clothes no Vest Reid Jacket w/ Vest Retired Plain Clothes w/ Vest Uniform no Vest Age: Weight 175 5-10 Raid Jacket no Vest Linkform w/ Vest PPC Qualification Date Range Qualification Date: Laser Training Date: Certified with Weepor Number of Prior Patrol Certification? Certification Unit: Directed Force: Prior Shootings Used? Shootings: Weapons Fired Weapons Fired Caliber # Shots Caliber # Shots Beretta 9mm 5 Brand: Brand: Field Training Officer Emp # Last Name First Name M.L. Field Training Officer Emp # Last Name First Name M.I. Last Name Employee # **First Name** M.I. Ε Work Assignment (Unit #, Module, etc.): Sax: Race Rank Unit Assignment: ShiftTime (circle only one): ShiftType (circle only one): Substance Used: Intoxication/Drug Usage? Regular Overtime Off Duty EM PM Day Coroner Case # Hospital Name: Hospital Admission? Coroner Case? Interviewed? Hrs of sleep prior to shooting: Duty Time (hrs): Other Factors: Clothing (circle only one) Plain Clothes no Vest Raid Jacket w/ Vest Height Age: Weight: Plain Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest PPC Qualification Date: Range Qualification Date: Laser Training Date: Certified with Wespon Number of Prior Directed Force: Certification Unit: Patrol Certification? Prior Shootings? Used? Shootings: Weapons Fired Caliber # Shots Weapons Fired Caliber # Shots Brand: Brand Field Training Officer Emp # Mt.f. First Name Last Name Field Training Officer Emp # First Name Last Name M.I. Employee # Last Name First Name M.I. Ē Sex: Race Renk Unit Assignment Work Assignment (Unit #, Module, etc.): ShiftTime (circle only one): ShiftType (circle only one) Substance Used: Intoxication/Drug Usage? Regular Overtime Off Duty EM PM Day Coroner Case # Hospital Name: Hospital Admission? Coroner Case? Interviewed? Hrs of sleep prior to shooting: Duty Time (hrs): Other Factors Clothing (circle only one) Plain Clothes no Vest Raid Jacket w/ Vest Height: Plain Clothes w/ Vest Age: Weight Uniform no Vest Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PPC Qualification Date Laser Training Date: Certified with Weapon Number of Prior Directed Force: Patrol Certification? Certification Unit. **Prior Shootings?** Shootings: Used? Weapons Fired # Shots Weapons Fired Caliber Callber # Shots Brand: Brand Field Training Officer Emp # First Name M.I. Last Name Field Training Officer Emp# Last Name First Name M. S.

Officer Involved Shooting OURN: __ Suspect Information

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		Santa Anna Jamaina S	uspect	Information		
S 1	Last Name	Jaimez		First Name	James	M.I. W
	AKA Last Name	I		First Name		M.I.
	Sex: M Race: H	Jay Street Address		City	- 8	tate P Zin Codo
	Work Phone:	Home Phone:	Social Sec		Driver's Licens	
	Are: DOS	Majoht Majoht	FBI#			
	Age: 29 D.O.S. 11/19/1984 Booking #	Height: 5-11 Weight: 200	LDIS		Cil#	
	BOOKING #	Primary Charge: 187 P	.C.	Secondary Charge:		
	Coroner Case?	Coroner Case # 701404843		Intoxication/Drug Usage?	Substance Used: Methamphe	atamine
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
	Vehicle Make Model: Nissan Titan 2006	Year:	Paro	de: Probation:	Prior Felony Co	onviction:
s	Last Name			First Name		M.I.
	AKA Last Name			First Name		M.I.
	Sex: Race:	Street Address:		City	St	ate & Zip Code:
	Work Phone:	Home Phone:	Social Sec		Driver's License #:	
		Lainht Stainht	FBI#			
		Height: Weight:	FDI#		CH#	
	Backing #	Primary Charge:		Secondary Charge:		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
	Vehicle Make Model:	Year:	Parol	le: Probation:	Prior Felony Co	nviction:
S	Last Name			First Name		M.t.
S	Last Name			First Name		M.I.
S	AKA Last Name	Street Address:		First Name	SI	M.I.
S	AKA Last Name Sex: Race:	Street Address:	Social Sec	First Name		
8	AKA Last Name Sex: Race: Work Phone:	Home Phone:	Social Sec	First Name	Driver's License #:	M.I.
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Home Phone: Height: Weight:	Social Sec	First Name		M.I.
S	AKA Last Name Sex: Race: Work Phone:	Home Phone:		First Name	Driver's License #:	M.I.
8	AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Home Phone: Height: Weight:		First Name City unity #:	Driver's License #:	M.I.
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Height: Weight: Primary Charge:		First Name City unity #: Secondary Charge:	Driver's License #:	M.I.
S	AKA Last Name Sex: Race: Wark Phone: Age: D.O.B. Booking # Coroner Case?	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?		First Name City unity #; Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Driver's License #: Cil # Substance Used:	M.I.
s	AKA Last Name Sex: Race: Wark Phone: Age: D.O.B. Booking # Coroner Case? Armed?	Home Phone: Height: Weight: Primary Charge: Coroner Case #	FBI#	First Name City unity #; Secondary Charge: Intoxication/Drug Usage? Mental Illness?	Driver's License #: Cil # Substance Used: Criminal History?	M.I.
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Model:	Home Phone: Height: Weight: Primary Charge: Coroner Case #	FBI#	First Name City unity #: Secondary Charge: Introducation/Drug Usage? Mental Illness? Probation:	Driver's License #: Cil # Substance Used: Criminal History?	M.I. ate & Zip Code:
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SUPPLEMEN AL NON-EMPLOYEL VITNESSES Los Angeles County Sheriff's Department

Page 8 of 9 Non-Employee Witnesses Last Name First Name Street Address Vark Ph Home Ph Last Name First Name M.I. Street Address Zip Code Work Ph Home Ph Last Name M.L Street Address Zip Code Work Ph Home Ph Last Name First Name M.L Zip Code Street Address Last Name Zip Code Street Address Work Ph Last Name Zip Code Street Address Work Ph Home Ph First Name M.I. Last Name Street Address Zip Code Work Ph Home Ph M.I. First Name Last Name Street Address Work Ph M.I. Last Name First Nam Zip Code Street Address Work Ph Last Name First Name M.I. Street Address Home Ph Zip Code Work Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Work Ph Street Address Zip Code Home Ph

SUPPLEM NTAL EMPLOYEE W 'NESSES Los Angeles County Sheriff's Department

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Employee Witr	offses			
Last Name Street Address	Luther	First Name	Michael	M.I.
Street Address	3235 Lakewood Blvd, Long Beach	Zsp Code 90808	Work Ph 526-421-2701	Home Ph
Last Name	Haughey	First Name	John	M.I.
Street Address	3235 Lakewood Blvd, Long Beach	Zip Code 90808	Work Ph 562-421-2701	Home Ph
Last Name		First Name		M.I.
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